

# TEMPORARY USE PERMIT APPLICATION

Date received:	_ Fees Paid:	Receipt #:	Application #:			
Location or Address of Pr	roperty:					
Tax ID/Parcel Number: _	ID/Parcel Number: Current Zoning:					
Existing Use of Property:						
Applicant:						
Phone:		Fax:				
Property Owner:						
Phone:		Fax:				
Authorized Agent:						
Address:		City, State, Zip:				
Phone:		Fax:				

<sup>\*</sup>NOTE: All sections of this application must be complete and fees paid upon submittal.

<sup>\*</sup>The Authorized Agent listed above will also be the contact person for this project. If you have any questions, please direct them to the Community Development Staff at (435) 734-6604.

## **APPLICANT'S AFFIDAVIT**

STATE OF UTAH )			
COUNTY OF BOX ELDER )			
I, (we)	ached		
plans and other exhibits present thoroughly to the best of my (our) ability, the argument in behalf application herewith requested and that the statements and information above referred to are respects true and correct to the best of my (our) knowledge and belief.	of the in all		
*May be owner of record, contact owner, party to valid real estate purchase contract, party to earnest money agreement, option holder or have other legal control of property.	valid		
Property Owner			
Subscribed and sworn to before me this day of, 20			
Notary Public	_		
AGENT AUTHORIZATION (Required when the applicant is <b>not</b> the property owner)			
I, (we), the owner(s) of real			
property at, do authorize			
to represent me (us) as my (our) agent with regard to thi	S		
application affecting the above described real property, and to appear on my (our) behalf before	any		
City Boards considering this application.			
Dated this, 20			
Property Owner			
Subscribed and sworn to before me this day of, 20			
Notary Public			

#### **CHECKLIST**

#### **Checklist for Acceptance of Temporary Use Applications:**

- 1. Application completely filled out and payment of fee.
- 2. Site plan.
- 3. Letter of Intent.

### Plans need to show the following:

1.	Vehicle and pedestrian access  Location and dimensions of parking stalls and entrances  Handicap parking and access				
	Number of parking spaces per ordinance				
	Number of parking spaces per ordinance Surfacing and lighting of parking areas				
	Location and arrangement of truck loading and unloading facilities				
2.	Signage				
	Location, size, height, etc.				
	Colors, lighting, etc.				
	Cita I accept				
4.	Site Layout Building locations, dimensions and orientation of the parcel				
	Identify the proposed use of all buildings				
	The location of any overhead power, communication, and transmission lines				
	that may affect subject property				
	Architectural elevation drawings of all proposed buildings				
FEI	ES: \$50.00° Zoning Administrator determination				
I	hereby state that I am the applicant/authorized agent				
as n	hereby state that I am the applicant/authorized agent oted on page one of this application.				
Sign	ned: Date:				

 $<sup>^{\</sup>rm a}$  This fee includes 1-hour of Engineer fees (no refund for projects taking less than 1-hour).

## LETTER OF INTENT

Applicant:	Phone:	
	City, State, Zip:	
Describe temporary use	in detail below:	
<b>F</b>		
Signature:	ъ.	